

**RECEIVED**  
**CENTRAL FAX CENTER**

MAY 17 2005

Type a plus sign (+) inside this box [ + ]

Approved for use through 9/30/00

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01 (8/96)  <b>DECLARATION</b>  Declaration OR Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing <input type="checkbox"/> Submitted after Initial Filing (surcharge 37 CFR 1.16(3)) required	Attorney Docket Number	1926-00100
	First Named Inventor	Edward William Colvill
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/510,128
	Filing Date	10/04/2004
	Group Art Unit	3662
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WEB MARKING SYSTEMS AND METHODS

(Title of the Invention)

the specification of which  
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 04/04/03 as United States Application Number or PCT

International Number GB03/01478 and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
02 07874.9	GB	05/04/02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

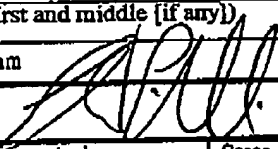
☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.


Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional
		<input type="checkbox"/> Application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 4)

Type a plus sign (+) inside this box [ + ]

DECLARATION							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
		PCT/GB03/01478		04/04/03			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <b>Customer No. 26753</b>							
Name		Registration Number		Name		Registration Number	
Daniel D. Fetterley		20,323		Joseph J. Jochman, Jr.		25,058	
George H. Solveson		25,927		Joseph D. Kuborn		40,689	
Gary A. Essmann		29,376		Jeffrey S. Sokol		35,686	
Thomas M. Wozny		28,922		William L. Falk		27,709	
Michael E. Taken		28,120					
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. <input checked="" type="checkbox"/> Please direct all correspondence to: Name <b>Mr. Thomas M. Wozny.</b>							
Address		<b>Andrus, Sceales, Starke &amp; Sawall, LLP</b> <b>CUSTOMER NUMBER 26753</b>					
Address		100 East Wisconsin Avenue, Suite 1100					
City		Milwaukee		State		Wisconsin	
Country		United States		Zip		53202-4178	
		Telephone		(414) 271-7590		Fax (414) 271-5770	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) <b>Edward William</b> Family Name or Surname <b>COLVILL</b>					
Inventor's Signature						Date <b>23rd Sept. 2004</b>	
RESIDENCE: City		Ipswich		State		Suffolk	
Country		GB		Citizenship		British	
POST OFFICE ADDRESS		25 Bucklesham Road, Kirton					
City		Ipswich, Suffolk		State		Zip IP10 ONX	
Country		GB					
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.							

Please type a plus sign (+) inside this box [ + ]

<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Brendan Mark				CARR			
Inventor's Signature 				Date 23-SEPT-04			
RESIDENCE: City		Halstead		State		Essex	
Country		GB		Citizenship		British	
POST OFFICE ADDRESS Stone Cottage, The Street, Pebmarsh,							
City		Halstead		State		Essex	
Zip		C09 2NG		Country		GB	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
RESIDENCE: City		State		Country		Citizenship	
POST OFFICE ADDRESS							
City		State		Zip		Country	

